VEI Consulting Services

2013 Cardiology/Cardiovascular CPT / HCPCS Update

Effective January 1, 2013

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OBJECTIVES

Review and understand the revised, deleted and new CPT and HCPCS codes and guidelines for year 2013 in the following topics (not all inclusive):

- **2013 ICD-9-CM Update**
- **2013 Medicare Part B Premium and Deductible**
- **Evaluation and Management Services**
- **Cardiology/Cardiovascular System**
- **Questions**

2013 ICD-9-CM UPDATE

Effective October 1, 2012 (For Year 2013)

ICD-9 EFFECTIVE 10.01.2012 (FY2013)

- There are no new or revised or deleted ICD-9-CM diagnosis codes effective for October 1, 2012.
- There are no revised or deleted ICD-9-PCS procedure codes effective for October 1, 2012.
- New ICD-9-PCS procedure codes effective October 1, 2012:
  - 00.95 Injection or infusion of glucarpidase
- Source: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

Effective January 1, 2013

Objectives:

- **2013 Part B Premium Rates**
- **2013 Part B Deductible**
- **2013 Psyche Reduction**

2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

- **2013 Part B Premium:**

If your yearly income in 2011 was		You pay (in 2013)
File individual tax return	File joint tax return	
$85,000 or less	$170,000 or less	$104.90
above $85,000 - $107,000	above $170,000 - $214,000	$146.90
above $107,000- $160,000	above $214,000 - $320,000	$209.80
above $160,000- $214,000	above $320,000 - $428,000	$272.70
above $214,000	above $428,000	$335.70

- Source:www.Medicare.gov

2013 MEDICARE PART B PREMIUM AND DEDUCTIBLE UPDATE

- **2013 Part B Annual Deductible: $147.00**
- **2013 Part D Medicare Prescription Drug Coverage monthly premium varies by plan chosen by the beneficiary.**
- **2013 Psyche Reduction:**
  - **Beneficiary pays 35% in 2013**

2013 CPT INTRODUCTION

Objectives:

- **Qualified Health Care Professional (QHCP)**
- **Place of Service (POS) and Facility Reporting**
- **CPT Time Measurement Reporting**

2013 CPT INTRODUCTION NEUTRALITY EDITS

- Neutrality edits replace “provider” with “professional” and replace “practitioners” with “individuals”
  - Physicians and other Qualified Health Care Professional (QHCP)
  - Created to better align CPT codes with the reporting and payment policies of CMS and/or private payers.
- Must comply with State scope of license.

2013 CPT INTRODUCTION
PLACE OF SERVICE & FACILITY REPORTING

- **Facility describes specific instructions as limited to professionals or limited to other entities (e.g., hospital or home health agency)**

- **Nonfacility describes service settings or circumstances in which no facility reporting may occur.**

2013 CPT INTRODUCTION
TIME MEASUREMENT REPORTING

CPT standards for codes with a time basis for code selection:

- **Time is the face-to-face time with the patient.**
- **“Interpretation and Report” does not indicate that report writing is part of the reported time.**
- **A unit of time is attained when the mid-point has passed**
- **When another service is performed concurrently with a time-based service, the time associated with the concurrent service should not be included in the time used for reporting the time-based service.**
- **Check with government and private payers.**

2013 EVALUATION AND MANAGEMENT (E/M) SERVICES UPDATE

2013 E/M Objectives:

- **E/M Guideline Update**
- **Revised and Deleted**
- **Complex Chronic Care Coordination Services (CCCC) (CPT 99487-99489)**
- **Transitional Care Management Services (TCM) (CPT 99495-99496)**
- **2013 CPT Corrections To Date**

EVALUATION AND MANAGEMENT SERVICES GUIDELINES

- Neutrality revisions that include the terms Qualified Health Care Professional (QHCP), Subspecialty added to:
  - New and established patient
  - Concurrent care
  - Transfer of care
  - Nature of presenting problem

EVALUATION AND MANAGEMENT

- Observation or Inpatient Care Services CPT 99234-99236
  - Typical times added:
    - 99234 – 40 minutes
    - 99235 – 50 minutes
    - 99236 – 55 minutes

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC)

- **New •99487 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month**
- **New •99488 ; first hour of clinical staff time directed by a physician or other qualified health care professional with face-to-face visit, per calendar month**
- **New +•99489 each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional per calendar month (list separately in addition to code for primary procedure)**

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- **Patient centered management and support services**
- **Includes domiciliary, rest home, or assisted living facility**
- **Care plan**
- **Coordination of care**

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- Reporting individual provides or oversees management and/or coordination of services, as needed, for:
  - All medical conditions
  - Psychosocial needs
  - Activities of daily living (ADL)

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- **Reported once per calendar month**
- **Include all non face to face CCCC services**
- **Include “none” or “1” face to face office or other outpatient, home, or domiciliary visit**
- **May only be reported by the single physician or other QHCP who assumes care coordination role with a particular patient for the calendar month**

EVALUATION AND MANAGEMENT

Complex Chronic Care Coordination Services (CCCC) 99487-99489

- **Time of care coordination with the emergency department is reportable using CCCC 99487-99489.**
- **Time while the patient is inpatient or admitted as observation is not.**
- **Exclusionary parenthetical note**
- **CMS BUNDLES CCCC services!**
  - **Bundled into the services to which they are incident to and are not separately payable at this time.**
  - **CMS is considering adoption of the CCCC services, possibly 2014.**

EVALUATION AND MANAGEMENT

Transitional Care Management Services (TCM)

- **New •99495 Transitional Care Management Services with the following required elements:**
  - **Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge**
  - **Medical decision making of at least moderate complexity during the service period**
  - **Face to face visit, within 14 calendar days of discharge**

EVALUATION AND MANAGEMENT

Transitional Care Management Services (TCM)

- **New •99496 Transitional Care Management Services with the following required elements:**
  - **Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge**
  - **Medical decision making of high complexity during the service period**
  - **Face to face visit, within 7 calendar days of discharge**

EVALUATION AND MANAGEMENT

Transitional Care Management Services (TCM) 99495-99496

- **TCM require:**
  - **Established patient**
  - **Face to face**
  - **Interactive contact**
  - **Medication reconciliation and management**
- **Exclusionary parenthetical note**
- **Coding Tips**
  - **Review coding tips (2013 CPT Professional page 46)**
  - **Not included in the guidelines**

EVALUATION AND MANAGEMENT

- CMS accepts the AMA TCM CPT 99495-99496 with some modifications regarding:
  - New patients
  - Clarified post discharge service period
  - Same physician may bill discharge day management and the TCM
    - CMS will monitor for overlap of time
  - E/M included in TCM
- Watch for LCD regarding TCM

EVALUATION AND MANAGEMENT

CCCC and TCM codes include:

- **TCM when reporting CCCC**
- **CCCC when reporting TCM**
- **Care Plan Oversight Services**
- **Prolonged Service without Direct Patient Contact**
- **Anticoagulant Management**
- **Medical Team Conferences**
- **Education and Training**
- **Telephone Services**

EVALUATION AND MANAGEMENT

2013 CPT Corrections Document as of 10/19/2012:

- **E/M Tables**
  - **99477 Initial Neonatal Intensive Care**
    - **Remove weight 1500-5000 grams**
  - **99478-99480 Continuing neonatal and infant inpatient low birth-weight intensive care**
    - **Remove age-28 days of age or less**
- **E/M Guidelines-Counseling**
  - **Add instructional parenthetical note following the counseling guidelines to coincide with the new psychotherapy range of codes 90832-90834 and 90836-90840.**

EVALUATION AND MANAGEMENT

2013 CPT Corrections Document as of 10/19/2012:

- **Hospital Discharge Management 99238-99239**
  - **Correct revised parenthetical:**
    - **Remove reference to "by the physician"**
- **Nursing Facility Services Guidelines**
  - **Correct revised parenthetical:**
    - **Remove reference to the term "and other qualified health care professionals" as initial assessments in the nursing facility are only performed by physicians.**

2013 Cardiology/Cardiovascular System

Objectives

- **Cardiology/Cardiovascular Guideline Update**
- **Cardiology/Cardiovascular Revised and Deleted**
- **New Codes:**
- **Coronary Therapeutic Services and Procedures CPT 92920-92944**
- **Intracardiac Electrophysiological Procedures/Studies CPT 93653-93657**
- **Cardiac Valves/Aortic Valve CPT 33361-33369**
- **Implantation of catheter-delivered prosthetic aortic heart valve CPT 0318T**
- **Cardiac Assist CPT 33990-33993**
- **Vascular Injection Procedures CPT 36221-36228**
- **Transcatheter Procedures/Transcatheter CPT 37197, 37211-37214**
- **New Modifiers: LM left main coronary artery, RI ramus intermedius**
- **2013 CPT Corrections To Date**

2013 Cardiology/Cardiovascular System

Cardiac Valves - Aortic Valve

- New • 33361 transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve, percutaneous femoral artery approach
- New • 33362 open femoral artery approach
- New • 33363 open axillary artery approach
- New • 33364 open iliac artery approach
- New • 33365 open transaortic approach (eg, left thoracotomy)

2013 Cardiology/Cardiovascular System

Cardiac Valves - Aortic Valve

- New • +33367 cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels (list separately in addition to code for primary procedure)
- New • +33368 cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)
- New • +33369 cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right, atrium, pulmonary artery) (list separately in addition to code for primary procedure)

2013 Cardiology/Cardiovascular System

Cardiac Valves - Aortic Valve

- Deleted Category III code 0257T
- New •0318T Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach, (eg, transapical, other than transaortic)
- Codes 33362-33365 and 0318T also include open arterial or cardiac approach.
- Angiography, radiological supervision, and interpretation performed to guide TAVR and TAVI are also included.

2013 Cardiology/Cardiovascular System

Cardiac Assist

- **New •33990 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only**
- **New •33991 both arterial and venous access, with transseptal puncture**
- **New •33992 Removal of percutaneous ventricular assist device at separate and distinct session from insertion**
- **New •33993 Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion**
  - **New codes 33990-33993 include moderate sedation symbol**

2013 Cardiology/Cardiovascular System

Cardiac Assist

Guidelines Added

- **Insertion of VAD can be performed via percutaneous or transthoracic approach.**
- **For surgical insertion of cannula(s) for prolonged extracorporeal circulation for ECMO use 36822**
- **33990, 33991 may be reported separately 34812.**
- **Extensive repair or replacement of an artery may be additionally reported (eg, 35226, 35286)**
- **Removal of VAD includes removal of the entire device, including the cannulas.**

2013 Cardiology/Cardiovascular System

Cardiac Assist

- Repositioning of percutaneous ventricular assist device (VAD) at same session as insertion is not separately reported
  - Separate and distinct session use modifier 59
- Replacement of entire implantable VAD is reported using the insertion codes of the VAD system being replaced is not separately reported.

2013 Cardiology/Cardiovascular System

Vascular Injection Procedures

- New •36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- New •36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- New •36223 includes angiography of the extracranial carotid and cervicocerebral arch, when performed

2013 Cardiology/Cardiovascular System

Vascular Injection Procedures

- **New •36224 Selective catheter placement, internal carotid artery of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**
- **New •36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**
- **New •36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

2013 Cardiology/Cardiovascular System

Vascular Injection Procedures

- New +•36227 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- New +•36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)

2013 Cardiology/Cardiovascular System

Vascular Injection Procedures

- Moderate sedation symbol added to CPT codes 36010-36140
- 36222-36226 include arch imaging (36221)
  - if performed Modifier 50 appropriate for a bilateral evaluation
- Diagnostic carotid angiography bundled coding
- Excludes
  - Interventional procedures
  - Ultrasound guidance for access
  - Selective arterial catheterization of vascular families outside the carotid and vertebral arteries
  - 3-D rendering

2013 Cardiology/Cardiovascular System

Transcatheter Procedures

- New • 37197 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
  - Includes symbol for moderate sedation
- New #• 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day

2013 Cardiology/Cardiovascular System

Transcatheter Procedures

- **New #• 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**
- **New #• 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow up catheter contrast injection, position change, or exchange, when performed;**
- **New #• 37214 cessation of thrombolysis, including removal of catheter and vessel closure by any method**

2013 Cardiology/Cardiovascular System

Endovascular Revascularization (Open or Percutaneous Transcatheter)

- **Guideline Revision**
- **Defines hierarchy**
- **Multiple vessels within a territory**
- **Multiple lesions within the same vessel**

2013 Cardiology/Cardiovascular System

Coronary Therapeutic Services and Procedures

- **New #•92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**
- **New #+•92921 each additional branch….**
- **New #•92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**
- **New #+•92925 each additional branch…..**

2013 Cardiology/Cardiovascular System

Coronary Therapeutic Services and Procedures

- **New #•92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**
- **New #+•92929 each additional branch ….**
- **New #•92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**
- **New #+•92934 each additional branch ….**

2013 Cardiology/Cardiovascular System

Coronary Therapeutic Services and Procedures

- **New #•92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**
- **New #+•92938 each additional branch subtended by the bypass graft…**
- **New #•92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

2013 Cardiology/Cardiovascular System

Coronary Therapeutic Services and Procedures

- **New #•92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**
- **New #+•92944 each additional coronary artery……**
- **Watch all payer policies-government and private payer**

2013 Cardiology/Cardiovascular System

Modifier usage with Percutaneous Coronary Intervention (PCI)

- **Use CPT modifier -59 (distinct procedural service) for second and subsequent "major vessel"**

- **HCPCS Level II modifier –LC, -LD, -RC may be required based on payer requirements.**
  - **New HCPCS Modifiers:**
  - **LM Modifier for Left Main**
  - **RI Modifier for Ramus intermedius**

2013 Cardiology/Cardiovascular System

Intracardiac Electrophysiological Procedures/Studies

- **Deleted 93651-93652 intracardiac catheter ablation codes**
- **New •93653 Comprehensive electrophysiologic evaluation including insertion and repositioning …..**
- **New •93654 with treatment….**
- **New +•93655 Intracardiac catheter ablation…..**
- **New •93656 Comprehensive electrophysiologic evaluation including transseptal catheterization…..**
- **New +•93657 Additional liner or focal intracardiac catheter ablation …..**

2013 Cardiology/Cardiovascular System

Intracardiac Electrophysiological Procedures/Studies

Ablation Code Guidelines

- Ablation codes 93653-93657 include the single site and comprehensive EP study services 93600, 93603, 93619, 93620
- Atrial fibrillation ablation 93658 includes pacing and recording from the coronary sinus 93621 when performed
- Transseptal puncture 93462 may be reported separately for ablations EXCEPT for atrial fibrillation ablation 93656, 93657 which includes transseptal puncture
- 93653, 93654, 93656 are distinct primary services and may not be reported together.

2013 Cardiology/Cardiovascular System

2013 CPT Corrections Document as of 10/19/2012:

- **Patient-activated event recorder**
  - **Add code 93299 to the parenthetical note following 33282.**
- **Revise the misspelled word “transcatheter” noted in the parenthetical note following 37205.**
- **Delete reference to code 93799 from the parenthetical note preceding 93000 and replace with codes 0178T-0180T.**

2013 RADIOLOGY

Vascular Procedures

Aorta and Arteries

- **Deleted angiography supervision and interpretation codes:**
  - **75650, 75660, 75662, 75665, 75671, 75676, 75680, 75685**

Transcatheter Procedures

- **Revised 75896 Transcatheter therapy….**
- **Revised 75898 Angiography…..**
- **Deleted 75900**
- **Deleted 75961**

2013 RADIOLOGY

CMS Final Rule Payment Policy Issues

- **Many diagnostic cardiology services now subject to the Multiple Procedure Payment Reduction (MPPR) Nuclear cardiology imaging**
  - **ECG, stress test, rhythm strip, event monitor, ambulatory cardiac telemetry**
  - **Pacer and ICD evaluations, programming**
  - **Echocardiography (TTE & TEE)**
  - **Vascular studies**

Resources

- 2013 AMA CPT Professional Edition
- 2013 AMA CPT Changes-An Insider's View
- 2013 AMA CPT and RBRVS Annual Symposium
- Centers for Medicare and Medicaid Services (CMS)
- www.ama-assn.org

Questions & Discussion

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